ACC.15
TCT@ACC-i2 | innovation in intervention

A1692
JACC March 17, 2015
Volume 65, Issue 10S

TCT@ACC-i2: Interventional Cardiology

COMPARISON OF TWO SUTURE MEDIATED CLOSURE DEVICES FOR ACCESS SITE CLOSURE AFTER TRANSFEMORAL AORTIC VALVE IMPLANTATION

Moderated Poster Contributions
TCT@ACC-i2 Moderated Poster Theater, Poster Hall B1
Saturday, March 14, 2015, 3:45 p.m.-3:55 p.m.

Session Title: TCT@ACC-i2: Interventional Cardiology II
Abstract Category: 39. TCT@ACC-i2: Vascular Access and Complications
Presentation Number: 2106M-03

Authors: *David Jochheim, Mohamed Abdel-Wahab, Moritz Baquet, Magda Zadrozny, Mohamed El-Mawardy, Philipp Lange, Christian Kupatt, Hans Theiss, Martin Greif, Joerg Hausleiter, Axel Bauer, Gert Richardt, Steffen Massberg, Julinda Mehilli, Munich University Clinic, Munich, Germany, Heartcenter Bad Segeberger Kliniken, Bad Segeberg, Germany*

Background: To determine access site related bleeds and vascular complications after access site closure using either the Proglide (PG) or Prostar (PS) suture mediated closure device after transfemoral aortic valve implantation (TAVI).

Methods: In this large multicenter registry we analyzed a total of 1001 patients undergoing TAVI using either the Proglide (n= 593) or Prostar (n=408) closure devices. Closure device failure and complications were defined according to the Valve Academic Research Consortium-2 (VARC-2) criteria.

Results: Compared to PS group patients in the PG group were younger (81.9±7.2 vs. 80.4±9.1, p=<0.01) without differences regarding gender (women 56.5% vs. 56.8%, p=0.97). Distribution of different valve types was significantly different between 2 groups with Corevalve as most frequently implanted valve in PS group (69%) and Sapien in PG group (54%), p=<0.001. No differences were observed in the rate of post-TAVI minor access site bleeds and device failure (1.4% vs. 2.0%, p=0.45). Significantly more VARC-2 access site vascular complications and life-threatening/disabling bleeds with haemoglobin drop ≥5 g/dl requiring more than 4 units of blood transfusion occurred in the PS group (Figure).

Conclusion: Use of PG closure device increase the safety of TAVI compared to the PS closure device.